



TOURIST DEVELOPMENT AGENCY APPLICATION

Ten copies of typed application and requested attachments should be submitted.

Date _____

1. Name, address and phone number of applicant

2. Person and phone number to contact for further information:

3. Budget Summary:

Income: A. Amount requested from TDA \$ _____

 B. Funds from other sources \$ _____
 Please specify. Do not include
 in-kind contributions.

Secured? _____ Pending? _____

Secured? _____ Pending? _____

Secured? _____ Pending? _____

Secured? _____ Pending? _____

 C. Total income (sum of A and B) \$ _____

Expenses _____ \$ _____

_____ \$ _____

_____ \$ _____

*Attach extra sheet if needed.

 D. Total Expense (should equal C) \$ _____

4. Organization's current operating budget \$ _____

5. Organization's projected operating budget for
next fiscal year \$ _____

6. Organization's fiscal year: Begins _____ Ends _____

7. Project start date _____

Project end date _____

8. Prior funding received from TDA:

Year _____ Amount _____

Year _____ Amount _____

Year _____ Amount _____

9. Project description which should include the following: the need for the project, its objectives, how it will be implemented, plans for evaluation and outlook for future funding. Amount of visitors attracted with or without funding from this agency? You may add up to two additional pages of typed, double-spaced copy.

10. a) Estimate number of Hamilton Countians who will participate in the project:

_____.

b) Estimate number of visitors outside of Hamilton County who will participate in the project:

_____.

c) Of those in item (b), how many are estimated to stay overnight?

2-3 nights? _____

one week? _____

longer? _____

d) How do you plan to calculate a, b and c during the project?

11. Attach one copy of your most recent complete financial statements and IRS determination letter indicating the 501 (c) 3 status of your organization.

12. Organizations receiving TDA funds support must conduct their operations in accordance with the requirements of Title VI of the Civil Rights Act of 1964 and the Rehabilitation Act of 1973, as amended, which bar discrimination on the basis of race, color, national origin or handicap.

13. We certify the information contained in this application including all attachments and supporting material is true and correct to the best of our knowledge.

Signature of President of Organization

Signature of Project Director

Typed name/position of above person

Typed name/position of above

Director

Failure to provide any of the requested information will disqualify you from the review process.

TOURIST DEVELOPMENT AGENCY FUNDING ANALYSIS

Project: _____

Assessment of Economic Impact of Request for TDA Funding:

Formula:

Number of overnight visitors times number of nights times \$122

Calculation:

_____ overnight visitors times _____ per visitor = _____ nights

_____ nights times \$122 = \$ _____

\$ _____ = Potential Economic Impact of Event

Methodology for Prioritizing Funding Requests:

- Current year economic impact of event _____
- Potential economic impact for future years _____
- Month the event is to be held _____
- Importance of TDA funding to the success of the event _____
- Diversity _____
- Public facilities to be used by the event _____
- Number of years this event has received TDA funding _____
- Annual event vs. 1 time event _____
- How is TDA funding to be spent _____
- Not-for-profit organization vs. for-profit organization _____